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## **Billing Instructions for MaineCare Managed Care PCPs UB92**

*Applies to any MaineCare member who is actively enrolled under MaineCare Managed Care for the date of service being billed*

### **How is a managed care claim processed?**

The Bureau of Medical Services' claim processing system reviews the UB 92 claim form. The first field scanned is block # 60 - CERT.-SSN-HIC.-ID NO. The ID is matched with member name and date of birth. The system then identifies the member ID number as a managed care enrolled member and looks for the nine-digit referral number in Field Locator 63 Line A or Electronic Claim Record 40, Position 28-45, PCCM#, Left Justified. The number must be the PCP's MaineCare managed care referral number.

### **Denial Reasons**

- PRIMECARE NUMBER INVALID/MISSING
- DOS DO NOT MATCH PRIMECARE NO.
- DOS OVERLAP PRIMECARE NUMBER

(Note: PrimeCare was the original name and has since been changed to managed care. Systems are being updated to reflect managed care)

### **Why has the claim denied?**

Claims will stop processing and deny if incorrect information is on the claim. The following bullets are the most common reasons claims deny:

- UPIN numbers, no numbers, wrong numbers
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- Referral number correct, but in wrong block
- PCPs not authorizing own claims

### **Why did the claim deny when I used the exempt diagnosis and procedure codes?**

Exempt diagnosis and procedure codes do not require the PCP's referral number. If the claim has the correct referral number, the claim will continue processing. If the referral number is missing and the member is enrolled in managed care for date of service, the automated system scans for the managed care exempt diagnosis and procedure codes. Claims with the correct exempt diagnosis and procedure codes will continue the claims processing system. Although a referral number is not required for exempt codes it must be the correct number or the claim will deny.